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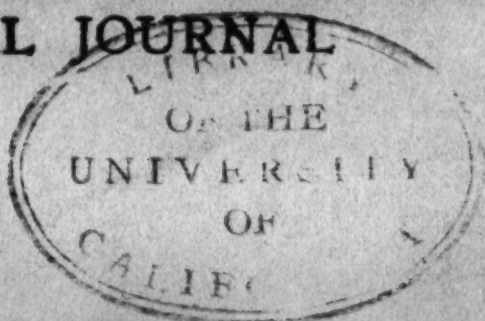
NO. 4

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE
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ISSUED MONTHLY

APRIL, 1916



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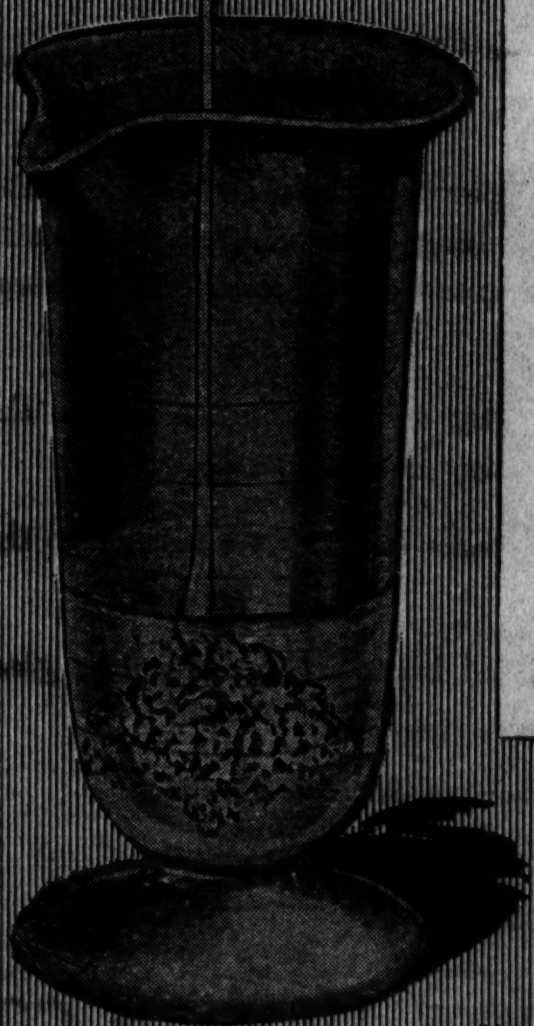


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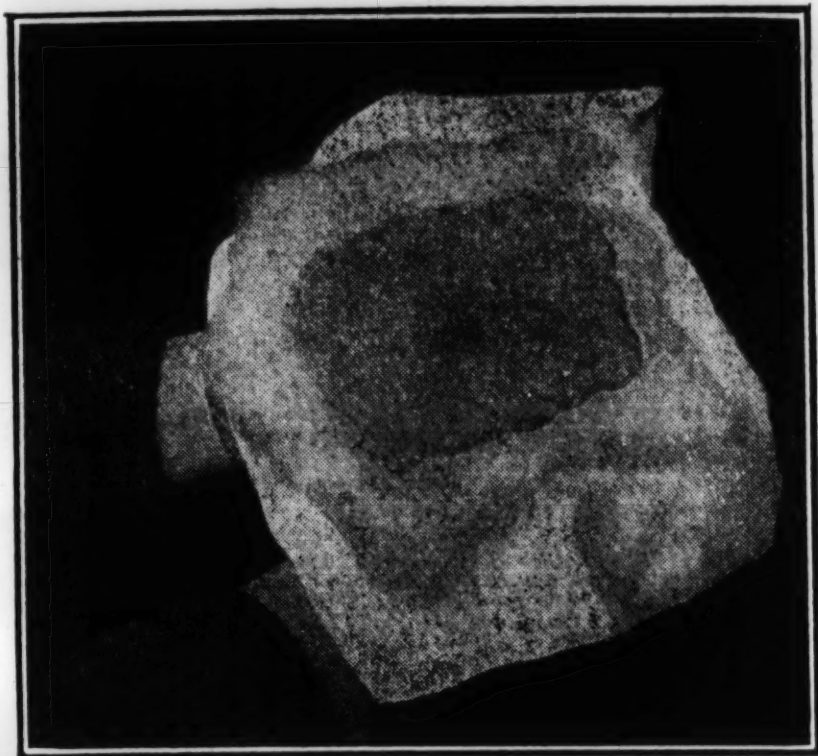


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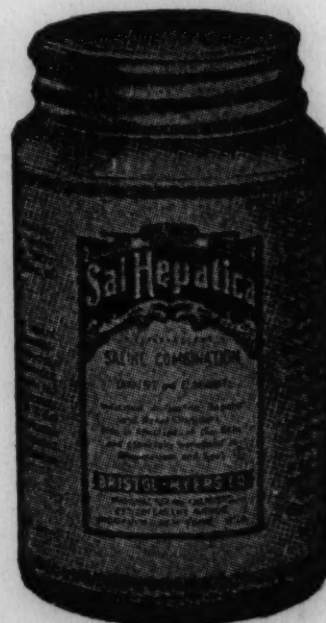
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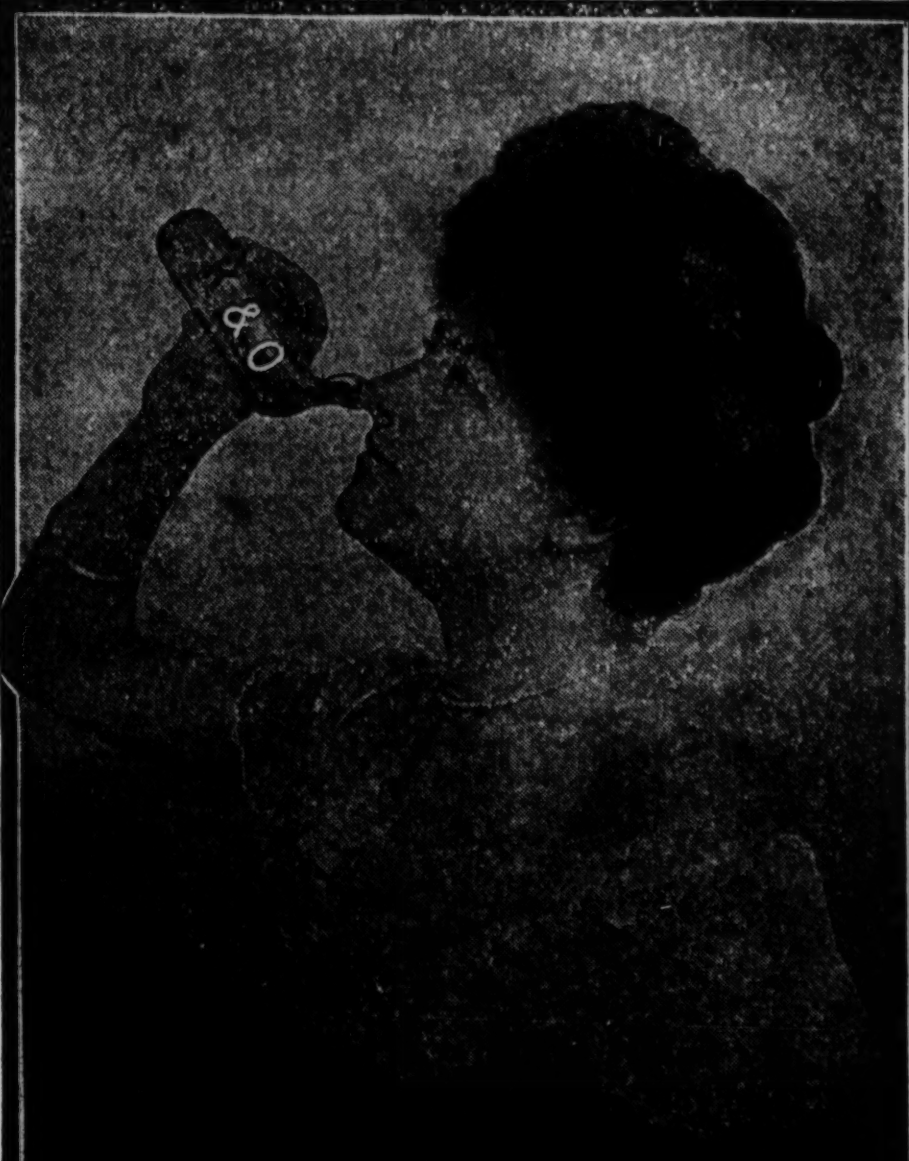
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The California Eclectic Medical Journal

Vol. ~~XXXVII~~ ~~XIX~~

APRIL, 1916

No. 4

✦ Original Contributions ✦

LA GRIPPE

H. V. Brown, M.D., Los Angeles.

(Read before the Los Angeles Eclectic Medical Society)

We have with us this season in his most obstrusive form, our deceitful and vacillating acquaintance of French ancestry, bearing a name divided in the middle, and whose advance agent is said to be a microscopical being of the bacillus family. His reputation is so unsavory that having once met him, one needs no second introduction; he grips the victim and has him hammerlocked ere he is aware.

The first activities of this arch-disturber were noted about the sixteenth century, in the Far East. Our best remembered experience with him on this continent was about 1889-90, when he traversed the country from coast to coast, and single handed slew countless human victims. Since that time he has been a more or less frequent visitor in most localities for short periods only, often being quite skilfully disguised; even resorting to the subterfuge of sending a new advance agent in an effort to conceal his identity and confuse the authorities, who thought they were close on his trail. If you have entertained this unwelcome guest in your home, you are well aware that he enters without knocking but doesn't go out the same way. He makes himself perfectly at home, and usually retires only after a successful encounter with all members of the household. One may sneeze, cough and spit at him until black in the face, but he is a long-winded Frenchman and is not easily insulted. Nothing short of deadly asphyxiating gases (a la Kaiser) will accomplish results, at the same time invading his territory with an army of stingerless bacteria, which seem to have a crushing influence on the Frenchman's army, without devastating the country invaded.

The foregoing personification of the malady in question and its presentation in narrative form is not in the spirit of ridicule, but for the purpose of contrasting the ultra-scientific

with the exclusively practical, and with the hope of provoking a discussion which may result in a blending of the extremes into a more rational, up-to-date treatment of the disease which has recently been contesting with the European powers for the record of depopulating the earth in the shortest possible time. Whichever wins, let us hope that when the earth is repopulated, the new model will be impervious alike to bullets and bacteria.

The question of diagnosis becomes an important one. It must be admitted that one is apt to fall into the error of assuming most respiratory affections to be la grippe or influenza unless limited to some particular portion of the tract, especially at the season when colds are much in evidence. Doubtless the major portion of such cases are primarily simple coryza or tonsilitis, with their accompanying phenomena. The infectious nature of all these diseases is now well established, and the specific infecting agent in each individual case can be fairly accurately determined by directly innoculating a culture media with the germ-laden secretion from the nose, pharynx, bronchi, or ears, as may be indicated. I make the simple statement that the infecting agent is present in each case, yet I believe there are few cases which would occur without the additional etiological factor of exposure; e. g., a child romping and playing until the entire body becomes moist with perspiration, then carelessly dropping down to cool off with nothing thicker than a postage stamp between the lower segment of the spinal column and a cold cement sidewalk or step. Such a refrigerating process would send the hardiest bug to a warmer climate, and mayhap future research will demonstrate that this accounts for the unusual swarms of them in the upper air passages following such an occurrence.

Dr. Chas. H. Nammack, of the New York Health Department, who recently wrote on this subject, says the recent epidemic seemed to depend on three main factors:

"First, the tremendous variation in climatic conditions which has occurred in the past two months; second, the crowding together of great masses of people in badly ventilated cars, subways, and moving picture and other halls; and, third, the contamination of the air which we have been obliged to breathe by the coughing, sneezing, and spitting of those already suffering from some form of respiratory infection, usually of the common cold type. The abrupt transitions which occur in going from crowded, overheated indoors to the chill outside air, result in an alternating hyperemia and congestion of the mucous membranes of the respiratory passages, with a subse-

quent constriction of the blood vessels which produces a condition of affairs that is very favorable for the reception and subsequent vigorous growth of the infecting organisms, and which may result in the development of the characteristic clinical picture and symptoms of grip."

Like conditions obtain in our own or any large city. Dr. Anna W. Williams, Assistant Director of the Research Laboratory of the Health Dept. of N. Y., announced that as a result of bacteriological study of fifty cases of "grip," she found:

In 26 cases, streptococcus, the germ of true grip; 19 cases, diplococcus lanceolatus, or pneumonia germ; 18 cases micrococcus catarrhalis, causing catarrh; 9 cases, bacillus influenza; 9 cases, staphylococcus pyogenes, causing boils, abscesses and tonsillitis

Reports from other laboratory workers on individual and groups of cases indicate that the germs present in similar cases vary some what, but that one or more of these germs mentioned are always present. This variation would seem to be an argument in favor of autogenous vaccines in preference to the stock respiratory vaccine in cases where it is deemed advisable to use either one.

A percentage of such individuals have the vital resistance to withstand an attack and spontaneous recovery is the result, with or without treatment. Others have resistance enough to overcome the disease as well as a fusilade of Bromo-Quinine or other junk from the prescribing pharmacist, and they, too, recover. Many, however, recover only after a prolonged siege in bed, with proper diet regulation, hydrotherapy, and medicinal treatment. Quite a large percentage remain who do not respond to treatment and are prone to develop complications or sequella of a serious nature. In this latter class of individuals, and in those who are subject to recurrent attacks, I have had a limited experience with vaccine therapy, of which I may be able to furnish definite data at a later time. The results obtained were of such a character as to justify their use in future cases where they seem to be indicated. Specific indications should be our guide here as in all other therapy.

My faith is too firmly grounded in the rational therapy of the Eclectic System to permit me to drown my individuality in a bowl of laboratory soup; in other words, I do not accept bacterial therapy as the sine qua non of all treatment, but believe it to be a valuable auxiliary in many instances.

THE SCIENCE OF ECLECTIC MEDICINE**J. F. Willard, M.D., Los Angeles**

To the busy doctor who constantly crowds 36 hours of work into 24 hours of time, the continuous round of emergencies occurring every day in his practice must be met with the same high rate of speed. In such cases there is no time to wait. He cannot promise to answer the call next day, nor can he defer his decision to a later hour and take time for a prolonged study of the case. Neither can he wait for the disease to develop and apply a name from the book index to it before prescribing. The time has long since passed when the old nasty compound syrup may be given indiscriminately, or we may sit and await the results of routine calomel, opium or quinine, given in regular order for names such as Typhoid, Diphtheria, Rheumatism, Malaria or what not. The demand of the times is for thoroughly trained, wide-awake physicians with energy to grapple immediately each emergency, and with ability to meet it more than half way. Each and every patient is a special and must have immediate, direct and specific attention. The demand is for a physician who is Eclectic, a master in his profession; who can say what he can do and at once prove it by the doing. This assuredly demands not only specific diagnosis, but specific means that will relieve and relieve quickly. It is criminal to dally with an expectant treatment, when for a majority of pathological conditions we have a remedy or remedies direct, specific, and thoroughly affinitive in action. All the world is not perfect nor can every one who calls himself or herself Doctor expect to attain perfection, but the one who is most proficient in Specific Diagnosis and understands best the direct application of curative measures, in other words, Specific Medication, is the one who is the success and in the greatest demand in the community; and this is the Eclectic physician and this is Eclectic practice.

In practice every patient is a special and in a hurry for relief, and in this strenuous age the physician who wastes time in prescription writing and drug store dispensing is liable to be set aside as too slow. Every Eclectic physician should have a stock of medicines not only for bedside use, but for his office practice. It need not be great in amount. A four-ounce bottle of Specific medicine requires but little room on a shelf and it takes but a few shelves to accommodate a list which, if selected with care and judgment, will prepare the physician to meet immediately the medicinal needs of every case. The Eclectic physician, with his small but well-stocked laboratory,

is up-to-date and prepared to meet the occasion as it demands, and when the messenger comes at the midnight hour and, in great excitement says: "Johnnie has the Croup," he is ready. **Does this good Eclectic physician write a prescription and send the messenger to rouse the druggist to slowly and sleepily fill it?** No; he does not. He asks: "Is Johnnie hoarse and choking and climbing over Mamma's shoulder and gasping for breath?" and on being told "Yes," he goes to his little medicine laboratory and quickly prepares Rx. Sp. M. Aconite gtt. 5, Sanguinaria Nitrate grs. 1, Glycerine oz. 1, mix.; writes the directions plainly on the label, "15 drops clear every 10 or 15 minutes until relieved;" directs that a flannel cloth be wrung from hot vinegar and wrapped around the neck, so the steam can be inhaled; that all neck and waist bands be freely loosened and that Johnnie be wrapped up warmly in a soft blanket. The messenger flies home; Mamma follows directions; Johnnie takes the medicine like honey, and soon he and the whole household are again asleep, awakening next day well and happy, singing the praises of the doctor who so promptly relieved both the sufferings of Johnnie and the fears and anxieties of the rest of the family.

And the doctor? Does he return to slumberland? No; another emergency is special at his door. "Come in great haste! Baby's having a fit, and Mother wants you. Hurry! Hurry!" But the Doctor knows the spasm will be off long before he gets to Baby and that his duty is to prevent another; so he asks: "Is Baby red in the face and hot and jerking all over?" and the answer being affirmative, he prepares (not prescribes) Rx. Sp. M. Gelsemium gtt. XX, Sp. M. Aconite gtt. 2, Lloyd's Asepsin grs. V, Aqua to make oz. IV, mix, and writes "One-half teaspoonful every 15 minutes until Baby is quiet and fully relaxed."

But it is not yet time for the Doctor to sleep.

Jones knocks excitedly and says his wife is in labor, and becomes quite put out when the Doctor does not break his neck, kill his horse, or wreck his automobile in getting to the house. But the Doctor remains calm, for he has prepared Mrs. Jones for her labor by previously giving her Rx. Sp. M. Macrotys, Drams ISS, Sp. M. Dioscorea Drams 1, Sp. M. Black Haw Drams 2, water to make oz. IV, mix Sig. Drams 1 t. i. d. When he arrives, he finds that Mrs. Jones has been in labor 3 hours, contractions fairly strong, and she complains some of the pain. Examination shows everything normal. He gives chloroform enough to quiet; she relaxes kindly; dreams a new

baby has come to bless the Jones home, and awakes to find she has had an easy labor.

This is all right Eclectic medicine so far as it applies to everyday work; but to be able to do this, the student should know and be taught that there is a deeper foundation and stronger base to Eclecticism than the copying of formulae or the learning of prescriptions. The inscription on the label of the bottle of Specific medicine does not tell all there is to know about the indications for the use of its contents. This the Doctor must acquire by hard study, careful observation and extensive clinical experience. Symptoms point to the parts or organs affected and physical examination gives us the gross changes. But specific medication cannot stop its application here—it must go beyond the gross anatomy and pathology to the microscopic bodies or cells; and to know the pathology necessary to fully apply eclectic medicine, we must know the primary tissues in health before we can understand the pathological conditions as indicated by the symptoms of disease. In the microscope we have the key to the secrets almost of creation itself. With it we study the microscopic primary cell, not only in health but in disease, and thus we study the changes which occur in the wrongs of life of these cells and we find the wrong is either one of “excess, defect or perversion,” and the symptoms of the wrong indicating specifically which condition is present, guide us in selecting the specific medicine which we know surely opposes and corrects that wrong. That excessive activity and irritability of these little bodies need the soothing and quieting influence of our specific sedatives to relieve their agitation, and that a defective, sluggish, inactive condition of cell life calls for specific stimulation and nutrition, is clear to every well-trained Eclectic physician, and he immediately and without hesitation meets these specific indications with the specific means that are his heritage. Or perhaps it is the debris of broken-down, worn-out tissues that is clogging the avenues of the body, obstructing and perverting the circulatory fluids and poisoning the vital cells themselves. All this must be quickly relieved or the patient will be beyond help. So our scientific Eclectic, guided by the specific indications, supplies the specific oxidizer which destroys the lower forms of life—bacteria—breaks down dead tissue and removes lifeless debris, oxidizes and revivifies the circulatory fluids and restores to normal the functions of excretion, nutrition and reproduction, by removing obstructions and restoring circulation. Then, as is the resistance to perfect circulation, so will be the increased circulatory effort; and as is the effort

and resistance, so will be the heat result. Then, as is the circulation, so will be the temperature. This is not empiric, haphazard or guess-work, but specific knowledge gained by the study of the histological structure of the body in health, the histopathology of disease, and the direct cellular affinity of our specific medicines. Thus, knowing the wrongs of life to be excess, defect or perversion, and the action of our remedies to be stimulant, sedative or antiseptic, the problem of relief is but a mathematical calculation that can, through specific indications and specific medication, be quickly and accurately worked out. It is thus Eclectic medicine studies and treats the wrongs of life which we call disease and to which we have given a multitude of names running from Alpha to Omega, and it is thus all diseases must be finally studied and treated. The science of Eclectic medicine as compared with the common studies of therapeutics is about as the study of gross anatomy compared to that of histology and embryology. The science of Eclectic medicine has for its foundation facts gained from the study of, and proven by experimental and research work done on, the very basis of life itself, the primary or vital cell. And this science of Eclectic medicine has proven that the direct application of a specific remedy affinitive for the primary microscopic cell and definitely and positively opposed to the wrong of life affecting this vital structure is the only true practice of medicine and the only scientific application of the healing art. And we fully believe that this science of Eclectic medicine which has already accomplished so much, will go yet further and eventually be the means of vanquishing the intractable tubercle, conquering the dreaded cancer, and cleansing the foul leper.

COMMON SENSE OBSTETRICS

Dr. G. W. Harvey, Fillmore, Cal.

Accouchment is the natural process by which the human race is multiplied, and ordinarily, the less it is interfered with by midwives and doctors, the better it will be for all concerned.

The doctor should know how to lend aid, and to assist nature in her efforts, and be able in any emergency to advise as to the best course to pursue, but always to let well enough alone.

The greatest benefit is in preparing your patient for confinement. This should be done as required all through the period of gestation, but the last three months it is imperative

that you keep a close watch on the patient, and if you will give Helonias and Mitchella aa dram one to four ounces of Menstrum and one teaspoonful of that four times a day until the end, your patient will come through the ordeal and get up better than you ever dreamed.

If varicose veins are present or develop, give calc. flour 3x, two grains, three times a day. If she is nervous and despondent give kali. phos. 3x, in same dose and frequency. If the teeth ache give calc. phos. 3x dito, and provide the lime that the system is taking from the teeth to supply lime for the developing bones of the coming infant.

When called to wait upon the confinement, wash your hands and anoint them with pure olive oil into which a few drops of Lloyd's cinnamon have been dropped. This makes the most fragrant and positive antiseptic that I have ever used, the smell is far more pleasing to your patient than some of the stinking antiseptics that are not half as efficient.

Make sure of your position and if all is right, mix in half a glass of water thirty drops of Lloyd's Macrotys and ten drops of Gelsemium (red) and give one teaspoonful every half hour. In a normal case the trouble will very soon be over, and when it is, give fifteen drops of your Erigeron and Cinnamon Compound on a little sugar, then you are ready to change the linen and bandage the abdomen with a suitable binder tight and snug, after which she may go to sleep. In the meantime you have had the infant in mind and as soon as opportunity permits it should be oiled freely all over, head and ears and eyes, with pure olive oil. Not a speck of the vernix caseosa should remain and not a drop of water should touch the infant. As soon as this process has been completed, dress the cord with a small square of oxolint with a slit cut in one side about an inch deep. Before it is applied saturate it thoroughly with a mixture of equal parts of pure olive oil and glycerine, to which a few drops of S. P. M. Cinnamon have been added. Once applied the cord will need no further attention until it drops off, when a big fat raisin, split open end-wise, and the seeds removed will do the trick better than anything else in the world. Apply the meaty side to the navel and my word for it you will never use anything else.

Don't order any douches if you have the welfare of your patient at heart. If the Almighty had wanted the woman douched after confinement, there would be a fountain syringe with every after-birth. Let the parturient canal alone. Nature will cleanse and heal without your help just as she does in all the animals, who never have any trouble if let alone.

Before you leave the house mix two drams of S. P. M. Black Haw and one dram of Macrotys in half a glass of water and order one teaspoonful of the mixture every three or four hours, unless there should be after-pains, in which event it is to be given every twenty minutes until they stop.

If there is any trouble with the breasts, give in half a glass of water two drops of S. P. M. Aconite, and twenty drops of Phytolacca, and then of the mixture one teaspoonful every hour or two, and order them well rubbed with hot Oil of Pennyroyal every two or three hours.

If by any chance a septic condition arises Echafolta and Aconite or Veratrum as indicated in one glass and kali chlor. ten grains in another and one teaspoonful of each alternately every one-half to one hour, will very soon set things right. It has never failed me.

Keep the patient on a light or liquid diet for at least four days, and when time for a bowel movement, don't give any of the licorice compound or other pesky gripping laxative, but a dose of the effervescent phosphate of soda, a bottle of Citrate of Magnesia or Sedlitz Powders. Make it as easy as possible and as pleasant.

In over twenty years of practice I have seldom needed anything other than the above, except in placentia previa, where the natural Oil of Rhodium in ten to fifteen drop doses, on a little sugar every half to one, two or three hours, as needed, controlled things and all came out well.

Try mercury and iodides before removing a large, hard testicle.

In condylomata keep them dry and get the patient under mercurial influence.

Continued carefully directed effort rather than brilliancy, puts men on top in medicine.

Employ bichloride baths in the case of a puny infant suffering from hereditary syphilis.

Do not let delicacy keep you from asking pertinent questions of your female patients.

Look seriously upon the cardialgia of a known syphilitic. Syphilis loves the cardiovascular system.

Belladonna or atropine in generous dosage should be persisted in in enuresis if results are to be secured.

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ANOTHER CANCER CURE

It is a lamentable fact that so-called cancer cures succeed each other with clock-like regularity. Each in turn occupies the spot light of publicity and thus becoming known is seized upon by the credulous with more or less regret. The victim of an advanced malignant disease, knowing that he surely is drowning, grasps at a straw and holds to it strenuously; but drowns nevertheless. And in the meantime, there are those in the honored profession of medicine who just as surely will grasp and hold his last dollar. Undoubtedly cancer is curable in an early stage if favorably located, and by means well known to all of us; but it is the proper to cure the incurable which is detestable. Recently there has been something in the medical journals and quite a little in the public press about "autolysin." The following article on the subject makes both interesting and instructive reading:

THE AUTOLYSIN TREATMENT FOR CANCER**Richard Weil, M D., New York**

I have received so many requests for information concerning the new treatment for cancer described as "autolysin" that I have deemed it advisable to make a public statement on the subject. The fact that I had the opportunity of personally witnessing the application of this compound in a long series of cases has placed me in a position to express an independent opinion as to its merits. At the time when Dr. Beebe was still connected with the General Memorial Hospital, New York City, a preparation was brought to the hospital authorities by Dr. A. Horowitz, with a request that its therapeutic effectiveness in cancer be made the subject of study. This mixture, which has since been described as autolysin, had been used in a number of cancer cases, and was stated to have proved of value. It had already achieved a local reputation and some degree of newspaper notoriety in the treatment of cancer.

In accordance with a well-defined policy of the Memorial Hospital which approves of the further investigation of therapeutic measures of whatever description, provided they offer the hope of assistance in cancer, Dr. Horowitz' mixture was accepted for study. Dr. Beebe volunteered to carry on this study. The rules of the medical board of the hospital prescribe that in such cases the exact composition and formula of the preparation under investigation be disclosed to at least one member of the board, and Dr. Beebe informed the board that he was in possession of complete knowledge on that subject. Consequently, Dr. Beebe was given the privilege of applying the treatment in a considerable number of cases, and the fact that I had general supervision of the clinical activities of the institution imposed on me the duty of watching the progress of these cases.

The cases entrusted to Dr. Beebe comprised a wide and diverse group, including cancer and sarcoma of the various tissues and organs of the body. Dr. Beebe has stated, in his first paper, that the cases treated in the Memorial Hospital "represent the most hopelessly incurable and inoperable group of patients." That they were inoperable is indeed true. An ethical regard for the welfare of patients forbids the use of new and experimental remedies in cases which offer a hope of cure by the older and well-tried methods of medicine and surgery. Therefore, only such cases were submitted to his treatment as could not be helped materially by the other means at our dis-

posals, such as surgery, radium or the Roentgen ray. In not a few instances, though not all, the patients were given the benefit of radium or Roentgen-ray treatment, while autolysin in addition was administered. That all of the patients were moribund, or even in very serious physical condition, is, however, not the case. There is a large group of cancer patients, as every physician knows, who are apparently in excellent, or even in perfect health, but in whom the condition of the disease entirely precludes the possibility of effective treatment. Some of the cases put in Dr. Beebe's hands at the Memorial Hospital were in good physical condition, and here the treatment, if of real value, should certainly have demonstrated its virtue.

Since January 1, 1915, twenty-three cases have been treated in the wards of the hospital by Dr. Beebe with autolysin. Of these twenty-three cases, fourteen patients died in the hospital, and eight were discharged unimproved. Only one, to the best of our knowledge, is at the present time in a condition which could be described as an improvement on that presented at the time of admission to the hospital. To this case, which seems to be identical with Case 3 of Beebe's paper of October 2, I shall come in a moment for more detailed discussion. Although the eventual outcome of the cases was not affected by Beebe's treatment, the clinical course was somewhat altered thereby. In those cases in which the mixture was injected directly into the tumors, there resulted necrosis, suppuration, and sloughing of portions of the tumor masses. This effect is quite characteristic of the action of a large number of irritant or destructive substances, whether of mineral or vegetable origin, on tumor tissue. It affects the size of the masses, and may impress the mind of the patient and his friends, but does not in the least degree impede the steady and relentless progress of the malignant growth. Indeed, there is a spontaneous tendency for malignant growths to break down and die at the center, while simultaneously the living cells at the periphery successfully pursue their mission of invasion and destruction of the healthy tissues of the body. Such a result presents not the slightest advance on methods which have been in use for centuries in the treatment of cancer. To attribute it to certain peculiar and specific virtues inherent in autolysin is, to say the least, an illogical assumption. The use of the mixture in the form of a poultice has been claimed by Dr. Beebe to produce local improvement of another type, namely, cleansing of the ulcerated surface of tumors, and a marked amelioration in the character of the discharge. This is the result which I have indeed witnessed, but it is the same result as we regularly ob-

tain in the hospital in the treatment of ulcerated carcinomas by the usual topical applications. Further than this slight incidental change, no beneficial effect was induced.

As regards the effect on malignant tumors produced by subcutaneous injection given in a part of the body distant from the disease, in other words, of the constitutional effect, we have indeed seen an improvement in the appearance of ulcerated tumors treated in this manner. On the other hand, it was no greater than the improvement which we regularly obtained in such cases by the unassisted use of the ordinary surgical dressings which were applied in these cases, exactly as in the others. Such being the fact, it seems reasonable to conclude that the improvement was due to the dressings and not to the distant injections. In no case did the constitutional treatment, as it is called, appear to exert any influence of itself.

Certain general effects are ascribed by Beebe to autolysin, such as relief of pain, diminution of anemia, improvement of appetite, nutrition and sleep. These are claims which have been made for every cure for cancer since the beginning of time. Is it, indeed, very remarkable that a patient who has been consigned to death as the victim of a hopeless malady should regain his spirits and his appetite when he is again confronted with the hope of a cure, and of the eradication of his disease? It is a phenomenon well known to every student of the disease that a large proportion of cases respond in just this manner to any treatment which is offered them. Osler has described a case of cancer of the stomach in which the mere visit to a consultant of sanguine temperament, though poor judgment, who assured the patient there was no possibility of cancer, resulted in a disappearance of all the symptoms and a gain of 18 pounds in weight. It is this psychologic fact which has occasionally deluded the honest student of a cancer cure, and which has also so generously played into the hands of the dishonest.

Contrasted with this occasional effect, however, is another set of results of which no mention is found in Beebe's first article, and a very inadequate description in the second. A fairly large proportion of our patients, certainly over half, were most unfavorably affected by the local injections. The pain of injection was not infrequently so severe that the patients refused to accept, or the intern to administer, the treatment. The consequent swelling was at times so marked as to give great distress, and in two instances the treatment appeared to be responsible for an almost fatal hemorrhage. The general effect on the health and nutrition in many cases appeared to be so deleterious as to dictate the cessation of the

treatment. Unquestionably the latter effects far outweighed the former very questionable benefits in frequency and in significance. Moreover, they occurred not only in the earlier and experimental stages of the use of autolysin, but even toward the end of the time during which it was employed in the hospital; in other words, a year of study failed materially to obviate these disastrous effects of the treatment.

I come now to a consideration of certain of those cases, reported by Dr. Beebe in his paper of October 2, "selected to include those in which markedly favorable effects have been obtained." Of all of the cases there reported, only two are recognizable as Memorial cases. To the description of at least one of the cases as detailed in this paper, and probably of the other, I am able to add certain important facts from the records of the Memorial Hospital.

Case 3 corresponds in almost every detail of the description which corresponds in every essential detail, including the age, with one treated by Dr. Beebe at the hospital. The records show that at Dr. Beebe's request this patient received three Roentgen-ray treatments for his disease, at the same time that the doctor was administering the autolysin. This fact is completely ignored in the published statement, and the remarkable improvement of the patient is ascribed entirely to autolysin.

Case 3 corresponds in almost every detail of the description with one observed and treated by Dr. Beebe in the wards of the hospital. The age of our patient, however, was given as 49, that of Case 3 as 52. The autolysin was given by poultice and injection, exactly as in the published case. The improvement detailed in Case 3 corresponds with that observed in the corresponding hospital case. In the hospital case, however, four Roentgen-ray treatments were administered, a fact which is not mentioned in the published report. In view of the discrepancy of three years in age, it is possible that the cases are not the same, although the exceptional nature of the clinical condition, with the close correspondence in so many details, would seem to render such coincidence most unlikely. The hospital case here described is the one previously referred to as the only patient now alive who shows improvement.

When one realizes the brilliant, even if often temporary results accomplished by the use of the Roentgen ray, it is quite evident that some, if not all, of the results ascribed to the autolysin are actually attributable to the rays. We have not rarely seen similar disappearance of such tumors from the use of the Roentgen ray alone.

There is a further addition of importance which I am in a position to make. Case 7, in Dr. Beebe's first paper, described the favorable results of treatment by autolysin in a case of cancer of the mouth. This was the only patient of those described from the Memorial Hospital in that paper, who was then alive and, according to Beebe, benefited by the treatment. In the second paper Dr. Beebe states that the last information received of this case was "about five months ago, when the condition was approximately as that stated in the first paper," which specified freedom from pain, a good general condition, and so marked a local improvement that a casual examination would fail to discover any remains of the tumor. This patient did indeed improve for a few weeks in Dr. Beebe's hands. When he left the hospital, however, his condition was poor, and there was unmistakable evidence of cancer in the floor of his mouth. The hospital records show that this man was discharged "unimproved" on April 5, fully six weeks before the appearance of Dr. Beebe's first paper. Several months ago he wrote to us that his condition was worse than it had ever been, and his pain increasing. Within the last few days I have been informed that his condition is critical.

Within the last few weeks, accident has brought to the hospital another case in which the published records require serious correction. Dr. Henry Smith Williams, who is associated with Drs. Beebe and Beveridge in the enthusiastic advocacy of the autolysin treatment, has recently written a popular review of the treatment for Hearst's Magazine of September. This article had wide circulation through the country, and to my personal knowledge has added several recruits to the army of autolysin patients. In that article appears the illustration of an autolysin case, with the statement that "here autolysin has practically completed the cure."

During the very month of that issue, namely, September, the same patient was under treatment at the Memorial Hospital, having sought help in July for a rapid extension of his disease. His photograph at the present time forms an interesting pendant to that in Hearst's. This patient affirms under oath that the photograph in Hearst's was taken on the very day following his first and only treatment with autolysin on June 28. He states that he never again consulted Dr. Beebe or his associates or communicated with them in any way.

These few facts complete the data which I can at present add to the discussion of the efficacy of the autolysin method. In view of the fact, however, that patients are coming to seek it even from distant states and that, to my personal knowledge,

many unfortunates, suffering not alone from the disease but from poverty, have had to make the most serious financial sacrifices in order to secure the fancied benefits and meet the expense of the treatment, it may not be amiss to add such further considerations as might be of assistance in estimating its value.

Autolysin has certain of the characteristics which are presented by many of the cancer nostrums of past centuries. Such is the fact that it is composed of a congeries of herbs, the pharmacologic action of which is practically unknown. A more serious accusation, however, can be brought against it. Beebe and his associates are in the position of claiming to have made certain cancer patients "clinically well" with a remedy, the composition of which they have not divulged. The list of herbs which they recite gives no adequate description of the mixture. They disclose neither the parts of the plants which they use, nor the mode of preparation. I violate no confidence when I state that Dr. Beebe gave his word to the medical board of the Memorial Hospital that nothing would be published concerning the effects of autolysin, without previously disclosing publicly its formula and preparation. It might be thought that even though the formula had been withheld, the profession could obtain the mixture for use in the treatment of cancer cases. An interesting document in this connection is furnished by a letter to a physician in Seattle, dated July 29, signed by S. P. Beebe, and recently published by Northwest Medicine. In that letter Dr. Beebe declares to his correspondent that the ordinary physician is not competent to use the drug, and lays down the financial terms on which his firm is ready to examine the case—the sum of \$250 for "examination, consultation, etc." Of course, writes Beebe, if the doctor will come to New York from Seattle they will be glad to show him how to administer autolysin. After this, the doctor will be able to administer it himself.

I wish to add a word in conclusion. The majority of those who will read this article have had practically no means of judging of this treatment through their own observation. Cancer patients are peculiarly gullible, and will snatch at any straw in the hopeless struggle against their disease. Such unfortunates gladly undertake long and painful journeys at the cost of great suffering, and surrender their last remaining dollar, in the hope of gaining relief. Surely they deserve to know all that we can tell them of the treatment which is so enticingly portrayed. My own personal belief, founded on long ob-

servation, is that autolysin is useless; that it adds nothing of value to the methods now generally accepted; and that it often aggravates the sufferings and accelerates the death of the patient.—Journal American Medical Association.

KING CANDY

Candy has become a staple article of food found everywhere. Americans are said to have a "sweet tooth" or great fondness for it. Eaten in moderation, it is a wholesome food. It has seemingly been found to be more than a food, for several agencies aver that a free indulgence in candy drives away a desire for alcohol. Candy is said to assuage the craving for alcoholic stimulants, and in proportion as the fondness for and indulgence in candy increases the desire for alcoholic beverages decreases, according to the Confectioners' Journal. One of the chief reasons why there is more drunkenness among men than women is probably because women eat more confectionery than men. There was a time when candy was considered only fit for women and children. The Confectioners' Journal says that today you can find a box containing candy in a drawer of the office desk of the "old man" who "directs things" in perhaps two-thirds of the business places in the larger cities. So has the habit grown.

If any man doubts that candy will cure him of the drink habit, he can easily test it. The man who puts lots of molasses on his wheat cakes at breakfast will find himself gradually forgetting to stop in for his customary drink on his way to his work. If the man who "goes out" between times for liquid refreshments will go in a candy store instead and get five or ten cents' worth of candy and eat it, he will be surprised at the effect, for it will not be very long until he will have a box of candy in his pocket or desk.

It has often been noted that, in theatres where candy is sold during the intermissions, "going out to see a man" does not prevail to anything like the extent it does in other theatres where no candy selling is permitted. Not one man in a hundred knows why he forgot to "go out and see a man" after he had bought a box of candy for his companion and eaten a little of it himself for politeness' sake.

The general public is rapidly learning that candy is one of the best things in the food world. As to reasons for this, we will quote Prof. Simon N. Patten in his study of "The Development of English Thought," as follows:

"Liquor is necessary with plain food, especially when a large use is made of vegetables. Such food would be unpalatable but for a free use of pepper, salt, vinegar and other condiments. It is pleasant only when some liquor is used as a complement. The old diet was thus essentially a liquor diet, the liquor being its main source of pleasure. . . . The cheapness of sugar now enables a satisfactory diet to be obtained without the use of alcohol. The sweet dishes are essential parts of each meal, and about them the other foods are arranged just as in earlier days they were co-ordinated with alcoholic beverages.

"This change has already gone so far that a large portion of society has adjusted itself to it. So long as a liquor diet was essential people put up with the many evils incident to it without much complaint; but when it was no longer necessary to health a reaction against its evils was inevitable. The drinking man is no longer the cheap man in production. A sugar diet is less costly than a liquor diet, and he who lives on it has an advantage in many branches of production. . . . We are apt to look upon temperance problems from a moral point of view. The real issue, however, is economic, and will work itself out with little regard for other considerations. The temperance movement is sure to grow, and temperance instincts and habits will be acquired by the same economic pressure that created the earlier psychic changes in the race."

Some months ago The Saturday Evening Post contained an article entitled "Keeping John Barleycorn Off the Train." It appears that a western railroad corporation had employed a "social engineer," whose duty it was and is to make life off duty comfortable and satisfactory to the trainmen. A series of club houses were established at the expense of the company, and greatly to the detriment of numerous saloons. Many of the engineers and firemen still felt the occasional old hankering for a drink, in spite of the temperance environment of the club houses. To overcome this craving the social engineer tried candy. It did the trick. The thirsty man, tempted to backslide to alcohol, found that chocolates and bonbons were really what he needed to satisfy his gastric longings. Therefore candies were placed on sale at cost in the club houses. Last year the railroad management handled in its club houses 48,000 pounds of confectionery. Most of the saloons have quit business in the locality of the club houses, it is said. Here in the east Y. M. C. A. organizations are plentiful along the railroads.

Sugar is, after meat, bread and butter, easily our next most important and necessary food. You can put the matter

to a test very easily. Just leave off the pie, pudding or other dessert at your lunch or midday dinner. You will be astonished to find how quickly you will feel "empty" again, and how "unfinished" the meal will seem. You cannot get a working man to accept a dinner pail without pie in it. The only thing that can take the place of sugar here is beer or wine.

It is a significant fact that the free lunch counters run in connection with bars furnish every imaginable thing but sweets. Even the restaurants and lunch grills attached to saloons or bars often refuse to serve desserts of any kind. The proprietors know their business. The more sugar and sweets a man takes at a meal, the less alcohol he wants. Conversely, nearly every drinking man will tell you that he has lost his taste for sweets. The more candy a nation consumes, the less alcohol it imbibes.

The United States Government buys candy by the ton and ships it to the Philippines to be sold at cost to the soldiers through the canteens. Many thousands of pounds are used in the navy, also. All men crave it in the tropics as well as elsewhere, and the more they get of it the less "vino" and whiskey they want.

As a matter of fact, the prejudice against sugar is born of puritanism and stinginess, equal parts. Whatever children cry for must be bad for them, according to the pure doctrine of original sin; besides, it costs money. There are families in the rural districts yet where the head of the family groans over every dollar's worth of sugar that comes into the house as a sinful and "unwholesome" luxury.

A brewer in the west is said to have made a tour of the western prohibition states and found that where the saloon had been abolished candy stores had taken their places. He found in all those states a big demand for candy and that its consumption had increased in proportion as the liquor selling decreased. He is said to have returned home and established a candy factory to supply the western trade. It is no accident that whenever any locality goes "dry" ice cream and candy stores—or drug stores whose chief business is candy and soda water—move into the corners vacated by saloons.

A statement emanated from Boston some time ago which affords a pleasing evidence of the widespread change of attitude with regard to sweets in their varied forms now observed among physicians and editors, and was as follows:

"The richest ice cream and plenty of the finest chocolates constitute the ideal cure for delirium tremens, or plain drunkenness either, according to Dr. Andreas, a leading Back Bay practitioner.

Take the case of a man who has been on a spree for a long time, and the best cure is to give him ice cream, for it has a cooling effect on the stomach and the coldness absorbs the heat of the alcoholic inflammation."

Let us persuade all our alcoholic patients and those inclined to be alcoholic to eat candy instead of imbibing alcohol, and cultivate a taste for confectionery and thereby lose the taste for alcohol.

The value of candy is recognized by the military authorities in Europe during the present war. The early descriptions of the war, sent by American correspondents, mentioned the great amount of chocolate the soldiers had. Hardly an account came over from correspondents with or near any of the armies but mentioned the chocolate, even the Russian soldiers having plenty of it. The British soldiers in France are reported as consuming "prodigious quantities of sweets." A captain at the front with the British army reports that the canteen has "five times the demand for sweets that was expected and one-fifth the demand for beer." The Australians encamped in Egypt have eaten all the chocolate to be had in Cairo.

Chocolate is harmlessly stimulating. Soldiers have discovered what scientists knew before, that sugar will relieve fatigue quickly and give a sense of strength that is real without the subsequent depression experienced by those who use spirits. Sugar and candies are found to be useful not only to the physically tired, but to those who suffer mental exhaustion. Sugar, of course, is one of the most easily digested carbohydrates. It requires water, however, to aid in its solution and digestion. The water also assists in dissolving and removing the sugar from the mouth and thus avoids its forming acid and damaging the teeth. The trouble that arose from candy eating was that not enough water was taken with the candy to aid in its digestion. This fault is easily remedied, however.

We have heard it said that children should be given all the candy they want. This is harmful advice, for any person or animal can eat too much of any kind of food and be sickened by it. No man who knows anything about horses would think of letting his horse eat all the oats he wanted, for a horse could eat enough of them to kill him. The same is true of other animals. Even inanimate things can get too much. For instance, you can pour too much oil in your automobile or get too rich a gasoline mixture, either of which will soot up your spark plugs and stop your engine.

Moderation is best in all things. The uses of confectionery as here set forth are worthy of extended notice and we hope

our readers will disseminate the knowledge wherever it will do good.

This, of course, does not condemn the Allen treatment of diabetes, in which no sugar or starch is allowed and alcohol takes the place of food for a few days.—The Medical World.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., president; H. Ford Scudder, M. D., 1621 W. Pico Street, Los Angeles, secretary.

LOS ANGELES ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held March 7, 1916, at the office of the Secretary, Dr. H. Ford Scudder, 1621 West Pico Street. The meeting was called to order by the President, Dr. A. P. Baird. The minutes of the previous meeting were read by the Secretary and approved as read. The Secretary then read a letter from the Governor in answer to the letter sent by the Society, relative to the State Compensation Insurance Commission.

Motion by Dr. O. C. Welbourn, seconded by Dr. Newton, that the letter be spread upon the minutes. Carried.

The following applications for membership were presented: J. C. Reinsmidt, M. D.; John M. Cleaver, M. D.; Oran Newton, M. D.; E. S. McClelland, M. D. According to the usual procedure they were referred to the Board of Censors to be reported at the next meeting.

Motion by Dr. Welbourn, seconded by Dr. Smith, that a committee with power to act, be appointed by the President to confer with the Homeopathic Physicians, with a view of securing more friendly relations. Carried.

The meeting then proceeded to the reading of the paper, "La Grippe," by Dr. H. V. Brown. This was a very able paper

and was freely discussed, especially that part relating to serum and the treatment of obstinate cases. The society then adjourned to meet at the office of Dr. H. V. Brown in April.

NEWS ITEMS

Dr. Hanna Scott-Turner, Pomona, has been in the city frequently on professional business.

Dr. E. P. Bailey, Los Angeles, has moved to Long Beach, his former location.

Dr. J. Fraser Barbrick has sold his practice to Dr. E. S. McClellan and returned to his former location in Boston.

Dr. Henry G. Pyle who has been located in Long Beach for the last year has returned East and will locate in Peoria, Illinois.

Died: Mr. Wm. Price Hagee, president of The Katharmon Chemical Co., February 3, 1916.

Dr. Hicks, formerly located in Mariposa, California, has returned from an extended trip to Australia and the South Seas. He expects to go to New York for post graduate work after spending some time in Los Angeles.

Dr. H. V. Riewel, Oceanside, was in Los Angeles last month on professional business.

Dr. C. E. Fisher, Sterling, Colorado, was in Los Angeles last month looking over the various locations, with an idea of founding an Homeopathic Hospital.

Died: Dr. Wm. Church, Gary, Indiana. Died very suddenly in Chicago, on February 16, 1916.

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This condition is manifested by a local congestion of the nasal mucous membrane, with an infiltration of serum into the tissues and later an exudation on the part of the mucous membrane.

The local treatment calls for a remedy capable of relieving the engorgement by exosmosis, which can never be achieved by the use of acid or astringent preparations.

The use of Glyco-Thymoline in these cases purges the mucous membrane, relieving the congestion, and then by stimulating the local capillary circulation to renewed activity prevents a re-engorgement.

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Concerning Echinacea.

WHAT IS ECHINACEA? A plant, native to western North America.

WHAT IS THE THERAPEUTIC STANDING OF ECHINACEA? In the opinion of renowned laboratory experts who standardize remedies according to physiological processes, *Echinacea* has no value. (See Lloyd Brothers' Winter Bulletin, 1915, page 13.) In the opinion of physicians who use remedial agents clinically, and who employ it in disease treatment, *Echinacea* is of exceeding value. (See Lloyd Brothers' Winter Bulletin, pp. 11 and 12).

WHAT PHYSIOLOGICAL OR POISONOUS QUALITIES HAS ECHINACEA? It has never been known to kill a creature on the operating table, be it reptile, amphibian or other animal. It seems inactive, physiologically. No chemist has reported that he has obtained from it a toxic agent, or any substance destructive to health. Thirty-eight years' continuous use of *Echinacea* by physicians in active practice, without a single report of injury or death, proves that it has no unkind action.

WHO INTRODUCED ECHINACEA? It was first used by the American Indians, next by the early white settlers, then it became a constituent of a home remedy in Nebraska. At last it came to the attention of Dr. John King, who after special investigation, introduced it under its true name to the medical and pharmaceutical professions.

WHO WAS DR. JOHN KING? A physician of unusual talent and education, a believer in conservative medication, an author of international reputation, an American citizen who opposed wrong, however high the authority, and who supported the right, regardless of self-interest. A believer was he in kindness to the sick, a disbeliever in cruelty, to either sick or well, brute or human. The best versed physician of his day in the clinical uses of American drugs, Dr. John King was acknowledged to be. His greatest pride was to serve in the development of American vegetable remedies. His sincerest hope was to see America professionally independent of the rest of the world.

TRIBUTE OF DR. CHARLES RICE. This is what Dr. Charles Rice, Chairman for thirty years of the Committee on Revision of the Pharmacopeia of the United States, said of Dr. John King and his great work, the *American Dispensatory*:

"It constitutes a precious encyclopedia of medical American plants, and their therapeutical uses. It is a very useful work for reference. Its author is as fine a botanist as a judicial observer of therapeutical effects." *Translation from the French of Dr. Charles Rice's "Note sur Certains Medicaments Vegetaux Americains"*.

WHEN DR. KING SPOKE. The voice of Dr. King in behalf of a remedy, was no idle word. In the maturity of his experience he used *Echinacea* in his own family, then in his practice, and when he had thoroughly tested the remedy, he gave to the profession his opinion of the drug.

A PREDICTION. Twenty years ago, it was said of *Echinacea*, "Await the voice of time. If *Echinacea* stands the test of experience, it will live. If it is inadequate, it will die". Has "Time" spoken?

THE REPLY. The most popular American drug today, (1915), as shown by the orders we have received from pharmacists for true pharmaceutical preparations of any American drug, (not compounds or mixtures named after the drug), for the exclusive use of physicians, is *Echinacea*.

ECHINACEA TODAY. Our Winter Bulletin, 1915, pages 11 to 13, presents reports from pharmacologists, conflicting with those from practicing physicians, concerning the therapeutic use of *Echinacea*. That the laboratory standardizers are correct (see page 13), in that *Echinacea* is not toxic and will not kill any creature, will be generally conceded. That practicing physicians are not capable of judging of the value of the remedies they use in their practice will be universally resisted.

WHAT OF THE FUTURE? Physiological investigators will probably never be able to produce death by the use of any ordinary *Echinacea* dose. Chemists will probably continue to find *Echinacea* elusive, so far as the discovery or elaboration of any toxic constituent is concerned. And American physicians who use *Echinacea* will probably continue to employ and commend it, as they have in the past.

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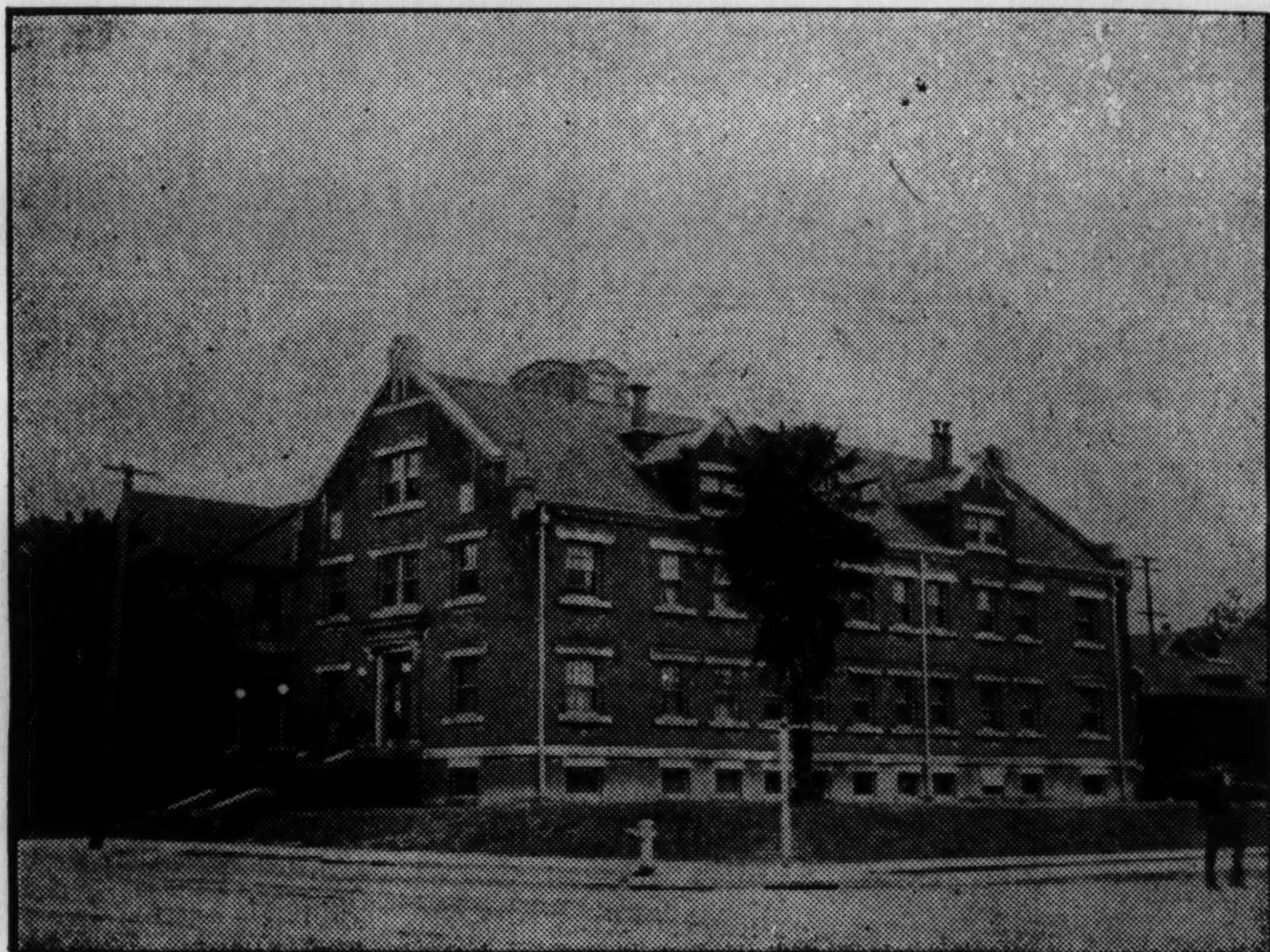
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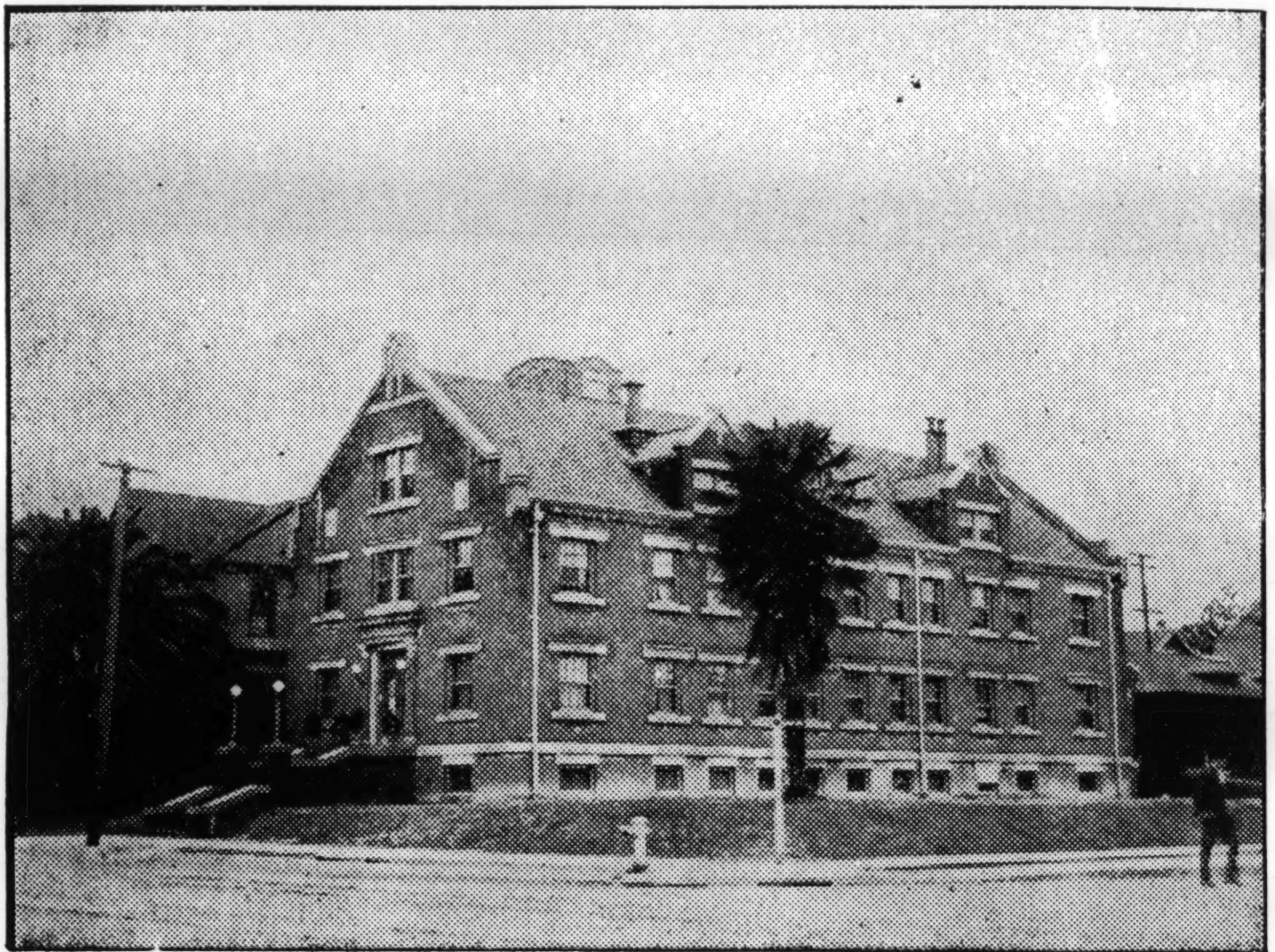
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